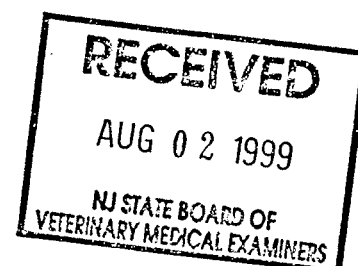


99-062 C

SHANNON SIVARTSEN
1143 A UNIVERSITY TERR
LINDEN, NJ 07036
7/29/99

DIANE ROMANO
STATE BOARD OF VETERINARY
MEDICAL EXAMINERS
PO BOX 45020
NEWARK, NJ 07101



DEAR MS. ROMANO,

On Sunday, 5/9/99, at approximately 4:30 P.M., I brought my new puppy to "Central Jersey Veterinary Emergency Services" located in Iselin, NJ. The Puppy (Jordan) had vomited five times, and had two loose bowl movements within a fifteen-minute time frame. (Less than 24hrs after purchase)

Dr. Rovere examined Jordan, and declared him unfit for purchase. She told me that he would need to stay overnight on an IV, and that I could pick him up in the morning to either keep him (and have him checked by my vet), or return the puppy and get a refund. I decided to return the puppy to "Choice Puppies" located in Rahway, NJ.

When I picked up Jordan, I paid the vet bill of \$277.00, and was given a receipt that stated the puppy was unfit for purchase. This was so I could be compensated for the \$277.00 vet charges by "Choice puppies". The vet stated that the receipt should be enough, but if I needed anything further I should come back.

When I returned the puppy, "Choice Puppies" stated that they would contest the vet, that the receipt was not a letter of unfit for purchase, and that I needed a certificate from the vet.

Due to the fact that "Choice puppies" was contesting the vet, I wrote a letter to Consumer Affairs (Patrick Morris 908-654-9840), and mailed them a copy of the receipt. Mr. Morris told me that I would need the letter from the vet to receive my refund, and that the puppy has been sold to someone else.

I contacted the vet on three occasions. The first time they said that they would write, and mail Mr. Morris and myself the certificate of unfit for purchase. Neither Mr. Morris, nor myself received the letter. I contacted the vet on two other occasions. Each time they stated that they had mailed it, and would re-mail it. I confirmed that they had the correct addresses, which they did. Again we did not receive the letters. Mr. Norris then wrote the vet requesting a copy of the letter, with no response.

On the advice of Mr. Morris, I am writing you this letter. It has been three months, and I still have not received the letter, or my refund. I hope that you can help me. If you need any further information from me, my phone number is 908-486-6873 (after 1P.M.)

Sincerely,
Shannon Sivartsen

CENTRAL JERSEY VETERINARY EMERGENCY SERVICE

643 ROUTE 27

ISELIN, NJ 08830

(732) 283-3535

DR. ROVERE 99-062

No 86143

LAST NAME <i>Sivantsen</i>	FIRST NAME <i>Shannon</i>	MIDDLE NAME
STREET ADDRESS <i>1173 A University Ter</i>		
CITY <i>Linden</i>	STATE <i>NJ</i>	ZIP <i>07036</i>
ADMISSION DATE AND TIME <i>5/9/99 4-5 PM</i>	HOME PHONE <i>486-6873</i>	OTHER PHONE
PATIENT NAME <i>Puppy</i>	SPECIES <i>K-9</i>	BREED <i>Mixed</i>
SEX <i>M</i>	AGE <i>8WK</i>	COLOR <i>Blk/tan</i>

REGULAR VETERINARIAN <i>Lexington</i>
VACCINES CURRENT? <input type="checkbox"/>
RABIES <input type="checkbox"/> DISTEMP <input type="checkbox"/>
MEDICATIONS PET IS PRESENTLY RECEIVING: <i>None</i>
PRIMARY COMPLAINT <i>vomiting diarrhea</i>

AUTHORIZATION FOR MEDICAL/SURGICAL TREATMENT

I authorize the doctor on duty and the assistants the doctor may designate to administer treatment as is considered therapeutically and/or diagnostically necessary on the basis of findings during the course of said evaluation. I also consent to the administration of such anesthetics as are necessary and surgical procedures of an emergency nature. I assume financial responsibilities for all charges incurred to patient and consent to release of medical information. I hereby certify and guarantee direct payment to the above, and guarantee any instrument (check, etc.) used for payment. I understand that patients must be removed from Central Jersey Veterinary Emergency Service by 8:00 AM and that it is my responsibility to take my animal to my regular veterinarian for further treatment is necessary.

SIGNATURE OF OWNER OR RESPONSIBLE PERSON

MEDICAL HISTORY/CURRENT TREATMENTS: *Vomited 5x, ate small amt last night*

PHYSICAL EXAM:

WEIGHT: _____ LBS.
TEMP: *101.4*
ATTITUDE: *good*

MM/CRT: *trach*
RESP: *normal*
PULSE: *120*

TEST RESULTS: PCV _____ TP _____ BUN _____
BLOOD GLUCOSE _____ CREAT _____
ALK PHOS _____ ALT _____

TREATMENT:

trach mm
otherwise OK

① IV cath LRS + D₅W

② Reglan 1mg SQ *SPM*

③ cefazolin 25mg IV *SPM*

④ monitor vomiting

⑤ defecated too mucous stool

Due to vomiting puppy can be considered unfit for sale.
M/Sim

TENTATIVE DIAGNOSIS:

dehydration and vomit.

MEDICATIONS DISPENSED:

none

DISCHARGE INSTRUCTIONS:

YOUR PET NEEDS TO BE RE-EXAMINED BY YOUR REGULAR VETERINARIAN ON:

5/10/99

SEND: X-RAYS BLOOD URINE OTHER

leave in car

TOTAL FEE ESTIMATE:	TOTAL CHARGES: <i>277</i>
DEPOSIT (50% OF ESTIMATE):	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK NO: _____ VISA, MC, AMEX, DISC
PAYMENT AT DISCHARGE: <i>Q</i>	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK NO: <i>1204</i> VISA, MC, AMEX, DISC
REMAINING BALANCE:	

DVM / VMD